



BASIC INDIVIDUAL LICENSE APPLICATION

Please print.

Applicant Information

Last Name		Suffix (<i>Jr., Sr., Esq.</i>) (<i>optional</i>)		First Name		Middle Name (<i>optional</i>)	
Date of Birth (YYYY-MM-DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>							
Home Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)							
City		State	ZIP Code		Country/Region (<i>if outside USA</i>)		
Phone 1 (Primary) ()				Phone 2 (Alternate) ()			
<p>PLEASE READ BEFORE ENTERING EMAIL – Official Notices from the Department of Consumer and Worker Protection (DCWP)</p> <p>Official notices from DCWP may include license renewal applications; notices of license suspension, revocation, or denial; requests for additional application information; summonses and hearing petitions; information about fines and penalties, including settlement notices; and notices about changes in the laws and rules.</p> <p>If you enter Email*:</p> <ul style="list-style-type: none"> ▪ DCWP may send certain official notices to your email address instead of Home Address or Contact Mailing Address, if provided. ▪ By providing your email address, you affirm that it is a reliable form of communication and you will update DCWP of any change within 10 days of the change. <p>If you do NOT enter Email:</p> <ul style="list-style-type: none"> ▪ DCWP will send official notices to Home Address or Contact Mailing Address, if provided. <p>*Applicants for the Process Server Individual license must enter Email.</p>							
Email							

Contact Mailing Address

Only complete this box if you do NOT want DCWP to use your Email or Home Address to send official notices.

Is your Mailing Address the same as your Home Address? Yes No

If No, complete the section below.

Mailing Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)						
City		State	ZIP Code		Country/Region (<i>if outside USA</i>)	

Child Support Certification and Request for Personal Information

Under General Obligations Law Section 3-503(2), you must provide your Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) so the City of New York can confirm whether you have outstanding child support obligations. Important:

- If you are four months or more behind in child support or have failed to comply with a summons, subpoena, or warrant relating to a paternity or child support proceeding, you may be subject to suspension of a business, professional, driver, and/or recreational license(s) and permit(s) including, but not limited to, licenses issued under Section 11-0713 of the Environmental Conservation Law.

Under the NYC Charter and Administrative Code, the City also requests SSN or ITIN to maintain and update City databases and to carry out the powers and duties of the Department.

Social Security Number or Individual Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Are you under an obligation to pay child support? Yes No

If **Yes**, you must answer **ALL** questions below.

Do you owe four or more months of child support payments? Yes No

Are you making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties? Yes No

Is your child support obligation the subject of a pending proceeding? Yes No

Do you receive public assistance or Supplemental Security Income? Yes No

Background Questions

Please answer Background Questions. Note: "DCWP" means Department of Consumer and Worker Protection **AND** Department of Consumer Affairs.

Attach additional sheets if necessary.

1. Have you ever been licensed by DCWP? Yes No

If **Yes**, provide the following information.

DCWP License Number:
 Business/Individual Name:

2. Have you ever been principal* of a DCWP-licensed business? Yes No

**officer/shareholder owning 10% or more/partner/member*

If **Yes**, provide the following information.

DCWP License Number:
 Business/Individual Name:

3. Have you had ANY government-issued license*/permit suspended, voided, or revoked or application denied within the last five years? Yes No

**This does NOT include driver's licenses.*

If Yes, provide the following information:

License/Permit Type:	
Government License/Permit Number:	
Business/Individual Name:	

4. Are there any unresolved civil charges* filed against you or a business of which you were a principal†? Yes No

**charges filed by a government agency that are NOT criminal*

†officer/shareholder owning 10% or more/partner/member

If Yes, provide the following information:

Name and Location of Court	Case Index Number	Government Agency

Attach additional sheets if necessary.

5. Have you ever been the principal* of a business that entered into a settlement agreement with a government agency or been the subject of a court judgment in a matter brought by a government agency within the last five years? Yes No

**officer/shareholder owning 10% or more/partner/member*

If Yes, please state if any judgment or settlement agreement has not been paid in full for 30 days or more or according to the schedule agreed upon by the parties.

6. Do you prefer that inspections be conducted in a language other than English? Yes No

If Yes, select one.

- | | | | | |
|------------------------------------|---|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Hindi | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> French-Creole | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <i>Please specify:</i> |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Urdu | _____ |

PREPARER'S STATEMENT – Please check the box if the statement applies to you.

- I am not the license applicant. I am an authorized representative for the license applicant, and **I will submit a Granting Authority to Act Affirmation completed by the license applicant.**

Note: The applicant must sign all required documents.

AFFIRMATION – Please read and sign.

I am authorized to complete and submit this application and all attachments (together, the "Application").

I have reviewed the entire Application.

If any of the information in this Application changes while the Application is pending or during the license term, the applicant must inform the Department of Consumer and Worker Protection (DCWP) of those changes within 10 days of the change. I also understand that the applicant must comply with all relevant laws and rules if granted a license to operate.

I understand that DCWP has not yet considered this Application and that operating before receiving a license or written permission from DCWP to operate is illegal.

PENALTY FOR FALSE STATEMENTS: Making a false statement or submitting fraudulent materials may be punishable by fine, imprisonment, or both, and also may result in the denial of your application or revocation of your license.

Under Section 175.35 of the New York Penal Law, you may be:

- fined up to \$5000 or
- fined an amount that is twice the amount of money you received by making the false statement and / or
- sent to jail for up to 4 years

Punishment may also include but not be limited to fines or penalties of up to \$500 for each false statement.

If DCWP denies your license application due to false statements and/or falsified documents, DCWP may prohibit you from submitting another license application for the same license category for one year.

By signing below, I understand and agree that I am swearing or affirming that I have told the truth on this Application.

Signature of License Applicant

Print Full Name

Date

If you are not registered to vote, would you like to register here today?

YES NO

Whether you apply to register to vote or not, it will not affect the assistance DCWP will provide to you. If you wish, we will help you in filling out the voter registration application.



TEMPORARY STREET FAIR VENDOR PERMIT APPLICATION SUPPLEMENT

Please print.

Applicant Information

Applicant Name		
Height (<i>feet and inches</i>)	Weight (<i>pounds</i>)	Eye Color
New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Sales Tax Identification Number is the 9, 10, or 11-digit number on your New York State Department of Taxation and Finance Certificate of Authority. If you have not received your Certificate of Authority, please enter the 6-digit confirmation number you received when you submitted the application for a Certificate of Authority.		
Is this individual a New York City resident?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, complete the section Designated Agent Information below. You must designate someone who is a New York City resident upon whom process or other notification may be served.		

Designated Agent Information

You must provide below the name and address of someone who is a New York City resident upon whom process or other notification may be served. Note that you may designate the Commissioner of the Department of Consumer and Worker Protection for this purpose. Please check one of the boxes below.

- I designate the following person as my agent upon whom process or other notification may be served:

Name:	
Address:	

- I would like to designate the Commissioner of the Department of Consumer and Worker Protection as my agent upon whom process or other notification may be served.

Permit Information

Requested Permit Start Date (MM/DD/YYYY): - -

Number of Months Requested: _____ **(Note: Maximum number of months is 11.)**

Describe the product and/or service you plan to sell or offer at the street fair. Note: You cannot sell or serve food items with a New York City Department of Consumer and Worker Protection permit. The New York City Department of Health and Mental Hygiene issues food vending permits.

Employer Information

Employment Status:

- Employed
- Self-Employed
- Unemployed

If you answered **Employed** and your Employer is a business that requires a New York City Department of Consumer and Worker Protection license, please complete the section below.

Employer Name					
Employer Department of Consumer and Worker Protection (DCWP) License Number					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - DCWP					
DCWP recommends that you make sure your Employer's license is active.					
Employer Premises Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>					
City	State	ZIP Code	Country/Region	Borough (check one):	
				<input type="checkbox"/> Bronx	<input type="checkbox"/> Queens
				<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Staten Island
				<input type="checkbox"/> Manhattan	<input type="checkbox"/> Outside of NYC
Employer Phone Number			Employer Email		
()					